

LD9000122 234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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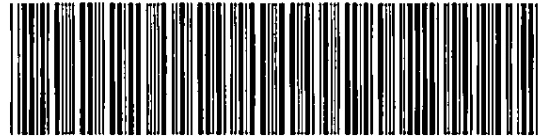
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cactus Jack's Trail Rides LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Zito  
Name of Person

Cactus Jack's Trail Rides LLC  
Firm/Company

14200 S. Hwy 475  
Address

Summerfield, FL 34491  
City/State and Zip Code

cjstrailrides@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Zito at ( 352 ) 789-4924  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

• **STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Cactus Jack's Trail Rides LLC
2. (a) 11100 S.W. 16<sup>th</sup> Ave, Ocala FL 34480 (b) 14200 S. Hwy 475, Summerfield, FL 34491  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 12/28/09 Date of filing/registration in Florida 4. LD9000122234 Document number

5. (a) Debra D. Zito  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
14200 S. Hwy 475, Summerfield, FL 34491  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) Robert R. Martin  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
161 W. County Road 466, Oxford, FL 34484  
NEW Registered Office Address:

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Debra D. Zito  
Signature of a member or authorized representative of a member

Debra D. Zito  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Robert R. Martin  
Signature of Registered Agent